



Broken Arrow

YOUTH CITY COUNCIL

2016–2017 APPLICATION

DEADLINE: SEPTEMBER 15, 2016 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012

(918) 259-2400 Ext. 5447 | www.brokenarrowok.gov



APPLICANT INFORMATION

NAME:		(See Map) COUNCIL WARD NO.	
ADDRESS:	CITY:	STATE: OK	ZIP:
HOME PHONE: ()	CELL PHONE: ()	AGE: ____	BIRTHDATE: __/__/__
EMAIL:	SCHOOL NAME:	GRADE:	

PARENT/GUARDIAN INFORMATION (2 CONTACTS REQUIRED)

NAME:			
HOME PHONE: ()	CELL PHONE: ()	WORK: ()	
ADDRESS IF (DIFFERENT):	CITY:	STATE:	ZIP:
EMAIL:	RELATIONSHIP:		
NAME:			
HOME PHONE: ()	CELL PHONE: ()	WORK: ()	
ADDRESS IF (DIFFERENT):	CITY:	STATE:	ZIP:
EMAIL:	RELATIONSHIP:		

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP
HOME PHONE: ()	CELL PHONE: () WORK: ()

APPLICANT SIGNATURE:

PARENT OR GUARDIAN APPROVAL SIGNATURE:

DATE COMPLETED:

2016-2017 APPLICATION, Due Friday: 9/15/16 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012

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YCC PARTICIPATION

How did you hear about Youth City Council?

How many hours per month are you willing to commit to participating in Youth Council?

What school activities and clubs are you active in?

List other community involvement/volunteering:

Broken Arrow Youth Council Student Commitment

☐ I have attached a 250 word essay, "Why I am interested in participating in Youth City Council and local government."

Participation in YCC requires the following:

- ◆ Reside within the City of BA fence line.
- ◆ 2 letters of recommendation (Mailed directly to address below).
- ◆ Maintain at least a 3.0 GPA.
- ◆ Participate in 2016-2017 YCC program activities.
- ◆ 250 word essay.
- ◆ Evidence of Leadership within Broken Arrow.
- ◆ A junior (Public/Private/Homeschool).
- ◆ Two year commitment is encouraged.

(Returning seniors do not have to reapply, but please submit a letter of interest and any contact information changes by deadline.)

☐ I have read all the requirements of being a Youth City Councilor and I meet those requirements.

APPLICANT SIGNATURE: _____

DATE: _____

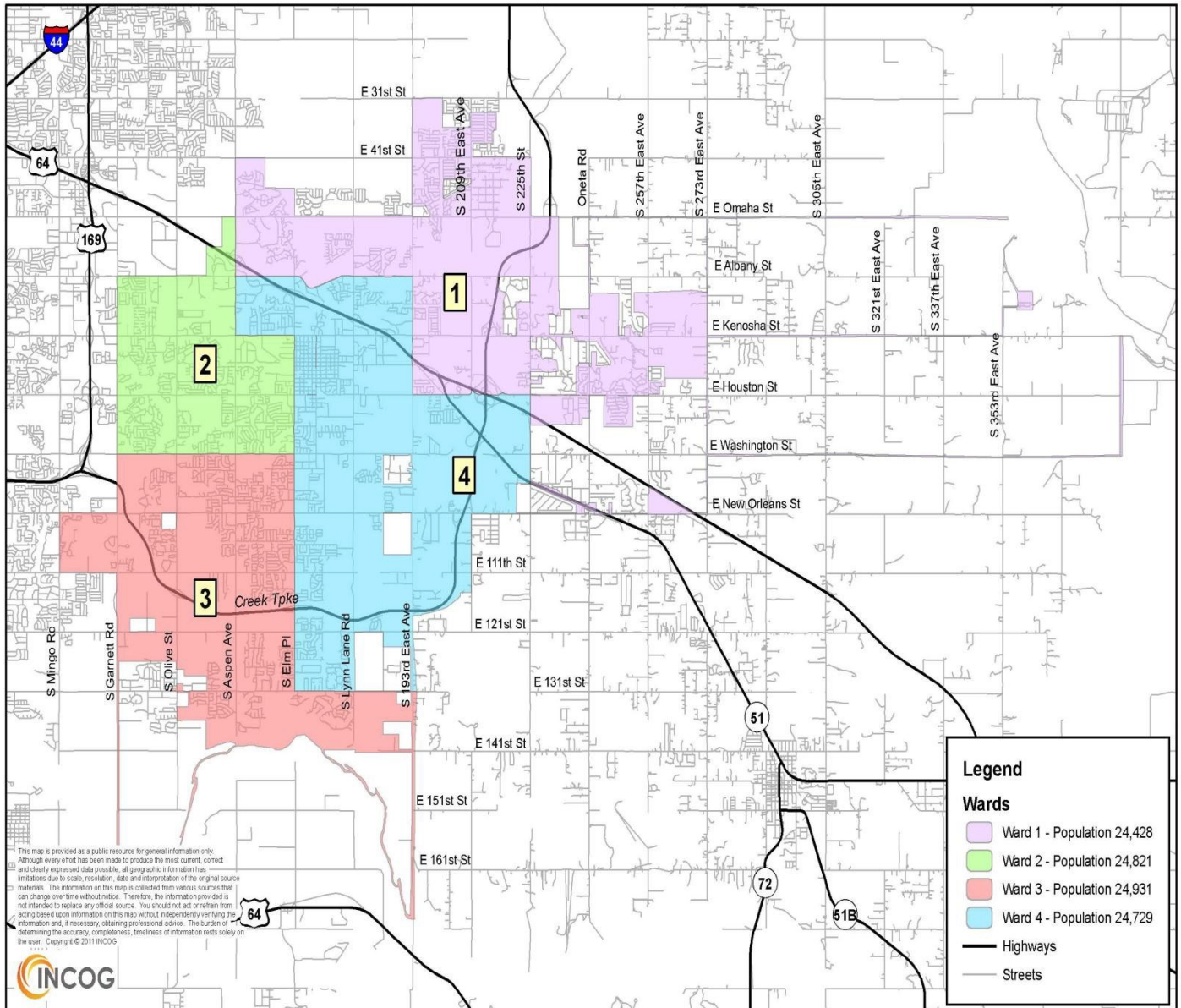
Mail or deliver application to: City Hall, 220 S. First Street, Broken Arrow, OK 74012

Deadline: Thursday, September 15, 2016 @ 5:00PM

2016-2017 APPLICATION, Due: 9/15/16 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012



Broken Arrow Council Ward Map



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LETTER OF RECOMMENDATION | DEADLINE: SEPTEMBER 15, 2016

TO THE APPLICANT: After completing the questions in this box, give this form to someone you feel most able to assess you on multiple levels of extra curricular involvement, academic abilities, etc. Please inform the recommender to send the letter **directly** to the City of Broken Arrow at the address provided, rather than to you. **Recommendation letters will only be accepted directly from the recommender.**

NAME:

DATE:

Last

Middle

First

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE: ()

CELL PHONE: ()

BIRTHDATE: ____/____/____

EMAIL:

SCHOOL NAME:

GRADE:

TO THE RECOMMENDER: The City of Broken Arrow uses this letter of recommendation to choose outstanding individuals from a group of greatly competent candidates. Please answer the questions below as honestly as possible, reflecting on your involvement while working with the student. Please mail the letter of recommendation **directly** to: **Broken Arrow City Hall, Attn: Jennifer Hooks**, at the address provided below no later than **Thursday, September 15, 2016.**

NAME of RECOMMENDING PERSON:

TITLE:

HOME PHONE: ()

CELL PHONE: ()

WORK: ()

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

BACKGROUND QUESTIONS:

1. How long have you known the applicant, and in what capacity?

2. What are the first words you think of when describing this student?

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LETTER OF RECOMMENDATION (Continued) | DEADLINE: SEPTEMBER 15, 2016

EVALUATION QUESTIONS (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

3. Applicant | academic strengths and weaknesses. Please describe a situation in which the applicant took advantage of personal strengths or tried to improve areas of academic weakness.

4. Applicant | experiences/activities. Please provide examples, if possible, of activities in which the applicant has sought to broaden their cultural, social, educational, and/or religious experiences.

Recommender's Signature:

DATE:

Please Print Name:

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NAME:			DATE:	
<hr/>				
Last	Middle	First		
ADDRESS:			CITY:	STATE: ZIP:
<hr/>			<hr/>	
HOME PHONE: ()		CELL PHONE: ()	BIRTHDATE: ____/____/____	
<hr/>		<hr/>		<hr/>
EMAIL:		SCHOOL NAME:	GRADE:	
<hr/>		<hr/>		<hr/>

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